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Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless It displays a valid OMB control number. Application Number **Filing Date** First Named Inventor GOYVAERTS. **POWER OF ATTORNEY OR** Nicolaas M. F. et al **AUTHORIZATION OF AGENT Group Art Unit Examiner Name Attorney Docket Number** TIP 056 USA I hereby appoint Place Customer Practitioners at Customer Number 000027777 Number Bar Code Label Here OR Practitioner(s) named below: Registration Number Name as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith. Please change the correspondence address for the above-identified application to: Customer Number 000027777 Firm or Individual Name Address Address State City Country Fax Telephone I am the: Applicant/Inventor \boxtimes Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96) SIGNATURE of Applicant or Assignee of Record Frank Daelemans, Proxy Holder Name Signature Date NOTE: Signatures of all the inventors or assignees of record of the entire Interest or their representative(s) are required. Submit

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